



OFFICE OF THE BOARD OF HEALTH

Town of Arlington

27 Maple Street
Arlington, Massachusetts 02476

Christine M. Connolly
Director of Public Health

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Application for Permit to Operate a Food Establishment

Name of Establishment: _____ Tel #: _____ Fax #: _____

Establishment Address: _____

Mailing Address (If Different): _____

Name and Title of Applicant: _____

Address of Applicant: _____

Name and Address of Owner (If Different From Applicant): _____

Emergency Response Person: _____ Emergency Tel #: _____

Partner or Corporate Name (List Partners Below): _____

<u>Name</u>	<u>Title</u>	<u>Home Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Type of Establishment</u>	<u>Fee</u>	<u>Amount Due</u>
Risk Level 1	\$65.00	_____
Risk Level 2	\$130.00	_____
Risk Level 3	\$195.00	_____
Risk Level 4	\$260.00	_____

Name of Garbage Removal Contractor: _____ Pick-up day(s): _____

Name(s) of Certified Food Manager(s): _____

Name of Person Trained in Anti-choking Procedures (25 or more seats): _____

Hours of Operation:
Mon _____ Tue _____ Wed _____ Thur _____ Fri _____ Sat _____ Sun _____

Are You a Food Service Establishment that Also Provides Catering: Yes: _____ No: _____

Signature of Applicant: _____ Date: _____